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Bib Data Sheet

|   |   |                               |   |                                    |
|---|---|-------------------------------|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>09/698,973  | <b>FILING DATE</b><br>10/27/2000<br><b>RULE</b><br>-  | <b>CLASS</b><br>713           | <b>GROUP ART UNIT</b><br>2131   | <b>ATTORNEY DOCKET NO.</b><br>10-6 |
| <b>APPLICANTS</b><br>Jose' C. Brustoloni, Westfield, NJ ;<br>Juan Alberto Garay, West New York, NJ ;  |   |                               |   |                                    |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/162,090 10/28/1999 <i>ECT</i>  |   |                               |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b> <i>N/A</i>   |   |                               |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/05/2001</b><br>-   |   |                               |   |                                    |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <i>ELA</i> Initials |   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>27          |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>9     |
| <b>ADDRESS</b><br>Docket Administrator (Room 3C-512)<br>Lucent Technologies Inc<br>600 Mountain Avenue<br>PO Box 636<br>Murray Hill ,NJ 07974-0636  |   |                               |   |                                    |
| <b>TITLE</b><br>Method and apparatus for extending network address translation for unsupported protocols  |   |                               |   |                                    |
| <b>FILING FEE RECEIVED</b><br>2364  | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |